

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you have added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases		Number of Days	
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0 (G)	42 (H)	11 (I)	16 (J)
Number of Days		Total number of days of Job Transfer or Restriction	
Total number of days away from work		300 (L)	
Injury and Illness Types			
Total number of...			
(M)			
(1) Injuries	69	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory condition	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3849, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

 Print OSHA's Form 300A  PDF

* This report contains Open Last Time or Job Restriction Case 

Year 2018



U.S. Department of Labor
Occupational Safety and Health Administration

Establishment Information

Your establishment name CHA1

Company Name Amazon.com.devc LLC

Street 7200 Discovery Drive

City Chattanooga State Tennessee

ZIP 37421

Industry description (e.g. Manufacture of motor truck trailers)

General Warehousing and Storage

Standard Industrial Classification (SIC), if known (e.g. SIC 3715)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

493110

Employment Information

Annual average number of employees 2131

Total hours worked by all employees last year 3,996,023

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

7-17-18 Director, Operations
Company Executive 304-382-1471 Title 1-30-19
Phone 304-382-1471 Date 1-30-19